۵.	~ PATENT	APPLICATI	ON FFF D	ETERMINAT	ION BECO	RN	Application	/ /	ocket Nur	noer :
		Effect	ive Decemi	ber 29, 1999	ION RECO	nu	09/	6.	593	387
CLAIMS AS FILED - PART I (Column 1) (Column 2)							LL ENTITY			RTHAN
					EVTDA			OR		ENTITY
BA	SIC FEE				President States and the control of		12f (_	RATE	FEE
			9 /				345.00	OR	1	690.00
	TAL CLAIMS	\(\rangle\)	minus			X\$ 9		OR	X\$18=	
INDEPENDENT CLAIMS 2 / minus 3 = 1						X39	= 39	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130		7	.000	<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column 2								ØŔ	<u> </u>	
CLAIMS AS AMENDED - PART II						TOTA	AL 1382	OR	TOTAL	<u> </u>
(Column 1) (Column 2) (Column 3)						SMA	SMALL ENTITY OR SMALL ENTITY			
AMENDMENT A		REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	· 8	Minus	0.5	= \	X\$ 9	= \	OR	X\$18=	
ME	Independent	・ さ	Minus	J	=	X39		1	X78=	
`	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAIM			\	OR	- X700	·
						+130		OR	+260=	
			,			TO' ADDIT. F		OR	TOTAL ADDIT. FEE	
_	Lesson	(Column 1)	43,66(6.1.15)	(Column 2)	(Column 3)			_		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT É	RATI	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	•	Minus	**	=	X\$ 9	=	OR	X\$18=	
Ž	Independent		Minus	***	=	X39=	_	1	X78=	ļ
_	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAIM				OR	X10,2	
						+130		OR	+260=	
						TOT ADDIT, F		OR	TOTAL ADDIT, FEE	
	E 1 77	(Column 1)	The second	(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
207	Total	•	Minus	••	=	X\$ 9:		1	X\$18=	100
ME	Independent	•	Minus	***	=	-		OR		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X39=	·	OR	X78=	
	(CAL			_		+130=	=	OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									TOTAL	
***	If the "Highest Nu The "Highest Nun	mber Previously iber Previously F	Paid For IN THI aid For (Total o	IS SPACE is less that Independent) is the	an 3, enter "3." e highest number			•	ADDIT. FEEl umn 1.	<u> </u>

FORM PTO-875 (Rev. 12/99)